Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200
Fax: (503) 378-4381

Complete only the sections that you are updating.
To review current information, please go to: sos.oregon.gov/bizsearch

Print Form | Reset Form

FILED
OCT 22 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER: 283781-98

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1. **CURRENT BUSINESS NAME:** Cascade Publications

2. **NEW BUSINESS NAME:** (If changed, $50 fee required)

3. **DESCRIPTION OF BUSINESS:** Publ;ications/News/Media

4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
404 NE Norton Bend or 97701

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ○ or **NEW** ◉
Jeff Martin

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
404 NE Norton Bend Or 97701

7. **REGISTRANTS/OWNERS:** (List name and publicly available **street** address of new registrants)(Attach separate sheet if needed)

a. NEW REGISTRANTS/OWNERS: Street Address | City | State | Zip

b. WITHDRAWING REGISTRANTS/OWNERS:

8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)
Registrant Name | Street Address | City | State | Zip

9. COUNTIES:

☐ ALL COUNTIES (Statewide)

☐ Baker	☒ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
☐ Clackamas	☒ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk	☐ Wasco
☐ Clatsop	☐ Douglas	☒ Jefferson	☐ Linn	☐ Sherman	☐ Washington
☐ Columbia	☐ Gilliam	☐ Josephine	☐ Malheur	☐ Tillamook	☐ Wheeler
☐ Coos	☐ Grant	☐ Klamath	☐ Marion	☐ Umatilla	☐ Yamhill

10. **SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name: Jeff Martin

CONTACT NAME: (To resolve questions with this filing)
Jeff Martin

PHONE NUMBER: (Include area code)
541-419-3869

FEES
CASCADE PUBLICATIONS
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s Name Search program.